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## \*BIBDATASHEET\*

CONFIRMATION NO. 9164

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/805,304	<b>FILING OR 371(c) DATE</b> 03/22/2004 <b>RULE</b>	<b>CLASS</b> 132	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 381-2	
<b>APPLICANTS</b> Lamberta A. M. Klassen, Abbotsford, CANADA; James B. Klassen, Langley, CANADA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/462,563 04/11/2003 <i>ys sk</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>NO sk</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/02/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>sk</i> Acknowledged <i>sk</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 35	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 5409					
<b>TITLE</b> Children's tooth and gum cleaning kit					
<b>FILING FEE RECEIVED</b> 796	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		